VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

August 5, 2015

Ms. Wanda Waugh, Manager
Canterbury Inn
46 Cherry Street
Saint Johnsbury, VT 05819-2290

Dear Ms. Waugh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 30, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0119	A. BUILDING: _____ B. WING _____	06/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY INN	46 CHERRY STREET SAINT JOHNSBURY, VT 05819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection from 6/29 - 6/30/15. The following regulatory deficiencies were identified.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that the written plan of care reflected the abilities and needs, or described care and services necessary for 2 of 6 residents sampled (Residents # 1 and 4). * This is a repeat deficiency from last two re-licensing surveys conducted on 10/22/13 and 12/7/11. Findings include: 1. Per record review on 6/29 and 6/30/15, Resident #1 has diagnoses that include Diabetes, Anxiety, and Neurogenic Bladder. The resident self-catheterizes to void urine multiple times per day. Per review of the plan of care, there is no mention of the need to self-catheterize. Also, the resident is a Diabetic on Insulin therapy who receives Lantus daily and a shorter acting Insulin three times per day at meal time. Per review of the plan of care, there was no mention of Diabetes and the necessary care and monitoring	R145		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wanda Strough — TITLE: President — (X6) DATE: 09/27/15

R145 - R302 POCs accepted 8/14/15 PMeetaRN

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R145	Continued From page 1 for this condition. Also, there is no care plan in place for the PRN (as needed) use of Clonazepam 0.5 mg PO twice daily for anxiety. On 6/29/15 at 3:50 PM, the RN home manager confirmed that the plan of care for this resident did not address the areas of Diabetes and Neurogenic bladder with self-catheterization, nor was there a care plan for the use of the antianxiety medication. See also R167. 2. Per record review on 6/29/15,Resident #4 has diagnoses that include Anxiety. The resident has an order for Lorazepam 0.5 mg. one tab daily as needed. There is no indication of how it is to be used on the MD order. There is no care plan in place for the use of the antianxiety medication, or a behavior plan to describe the targeted behaviors for it's use. Per interview on 6/29/15 at 3:45 PM, the RN home manager who develops the plans of care confirmed that there is no mention of the medication use in Resident #4's plan of care. See also R167.	R145		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the	R167		

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R167	Continued From page 2 staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a written plan for the use of (PRN) as needed psychoactive medications administered by unlicensed staff was in place for 2 of 6 residents sampled (Residents #1, #4). Findings include: 1. Per record review on 6/29/15, Resident #1 has a diagnosis of Anxiety. The physician ordered Clonazepam 0.5 mg. twice daily as needed. There was no indication for use noted on the written prescription order nor on the verbal order taken over the phone. There was no behavior plan describing the targeted behaviors, non-pharmacologic interventions, or any other specific guidance to staff as to when this medication would be appropriate to administer. Per interview on 6/30/15, the RN Manager confirmed that there was no behavior plan in the resident's record that would indicate to staff when it is appropriate to administer. 2. Per record review on 6/29/15, Resident #4 has diagnoses that include Anxiety. The resident has an order for Lorazepam 0.5 mg. one tab daily as needed. There is no indication of how it is to be used on the MD order. There is no care plan in place for the use of the antianxiety medication, or a behavior plan to describe the targeted behaviors for it's use. Per interview on 6/30/15 at 10:15 AM, the RN home manager confirmed that there was no behavior plan in the resident's	R167		

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R167	Continued From page 3 record that would indicate to staff when it is appropriate to administer.	R167		
R174 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (2) Medications requiring refrigeration shall be stored in a separate, locked container impervious to water and air if kept in the same refrigerator used for storage of food. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that refrigerated medications were stored properly. *This is a repeat deficiency from survey conducted on 10/22/13. Findings include: Based on observation on 6/29/15 at 10:25 AM, the refrigerator in the nurse's station contained medications inside, including insulin pens, with food also stored in this refrigerator. In the lower part of the refrigerator, there was a plastic box that had medications inside, however two boxes containing Insulin pens were sitting on top of the box, not enclosed in a sealed container. Per interview on 6/29/15 at 11:15 AM, the RN/Administrator confirmed that there were medications stored in the refrigerator that were not contained in a moisture proof container.	R174		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES	R179		

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R179	Continued From page 4 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that 1 of 5 employees demonstrate competency in the skills and techniques that they are expected to perform before providing any direct care to residents.. *Repeat deficient practice as per previous surveys dated 10/22/13 and 12/7/11. Findings include: 1. Per personnel record review on 6/30/15 at 10:50 AM, 1 of 5 direct care staff records	R179		

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R179	Continued From page 5 indicated a lack of documented training. Employee record stated date of hire as 5/14/15, and there was no documentation that the employee has received training or demonstrated competency in the required topics before providing care to residents. Per interview on 6/30/15 at 10:50 AM, the RN Administrator confirmed that this newly hired staff person did receive orientation training before caring for residents, however it was not documented to show that all required areas of training had been completed.	R179		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that there were fire drills conducted at night when residents were asleep. Findings include:	R302		

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R302	Continued From page 6 Per review of fire drill records for the home, there were no drills conducted in 2014 or 2015 that took place while residents were in bed asleep. All drills recorded were completed on either the day shift or evening shift. Per interview on 6/30/15 at 1:15 AM, the home Manager confirmed that none of the fire drills were conducted while the residents were asleep as required.	R302		

R145
SS=D

#1. During the week of July 20, 2015 and the week of July 27, 2015 I will be reviewing all of the resident care plans. I will make note (if needed) on all of the diabetics in regards to their insulin use, oral medications , finger sticks and general care. I will also make note of any residents that have in-dwelling catheters or do self catheterizations, and the care of those folks. This will also be done on any future resident care plan as well. This POC for care plan review and changes will be complete by August 1, 2015.

#2. Residents that have orders for PRN use of antianxiety medications will have guidelines on their care plans stating the behaviors that will warrant use of the medication. There will also be suggestions for non-medication interventions that should be tried before the use of the medication. Each Prn use of the medication will be documented on the resident's MAR while the behavior, interventions, time, and outcomes will be documented in the resident's chart. This POC will be completed by August 1, 2015.

R167
SS=D

#1. It has been my understanding that a Prn psychoactive medication was not to be given by the staff unless they contacted the RN (myself) first. I would discuss why the staff felt the resident was in need of the Prn medication and what interventions they had already tried. Once I had all of the information I could then determine whether or not the medication should be given. The staff would then document medication, time given and reason on the Resident's MAR and also make note in the Resident's chart. As I am doing the care plan reviews this month, I will include written specific behaviors that each of the psychoactive medications are targeted for. These behaviors will also be included in the resident care plans.
POC will be completed by August 1, 2015.

#2. As in #1, this resident's medication sheet will also be updated to include behaviors for the Prn psychoactive medication and will include suggestions for interventions. All resident care plans will be updated and future care plans will reflect Prn psychoactive medications .
POC will be complete by August 1, 2015.

R174
SS=D

#1. I had already purchased two sealed containers for the refrigerator. Apparently, when the new drug order came in there was an over-flow. I will purchase a third sealed container and post a reminder on the refrigerator door that all medications that are stored in the refrigerator must be in one of the sealed containers.
POC will be completed by August 1, 2015

R 179
SS=D

#1. All orientation training will be documented in each new direct care staff members employee file before they begin to offer direct care to residents by themselves. Over the next 2 months, I will develop and implement a new tool for documenting orientation training. This form will be placed in the direct care employee file. This plan of correction will be completed and implemented by October 1, 2015.

R302
SS=E

#1. As of July 29, 2015 we will conduct two (2) fire drills per year on our night shift. The first drill will be done on July 29, 2015 and in order to meet the regulation of two per year, we will conduct a second drill before December 31, 2015. Starting in January of 2016, we will do two (2) drills per year on our night shift. We will document those drills in our Fire Drill Log Book, to be reviewed by the Fire Marshall and by the DAIL surveyors.